

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041428

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **378**

Primary Registration District No. **6286**

Registrar's No. **52**

STATE FILE NUMBER

FILED OCT 2 2 1962

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Wright	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wood Township		c. CITY OR TOWN Norwood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route # 1		d. STREET ADDRESS (If outside, give location) Route # 1	
3. NAME OF DECEASED (Type or print) First Sharon Kay Middle Bill Last Mill		4. DATE OF DEATH Month October Day 12 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/4/55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 7
11. BIRTHPLACE (City and state or country) Mtn. Grove, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Noble Mill		13b. MOTHER'S MAIDEN NAME Mollie Price	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Noble Mill	
16. SOCIAL SECURITY NO. N/A		14. NAME OF HUSBAND OR WIFE N/A	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Death from Burning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Burned to death when home was destroyed by fire. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:00 a.m. 10 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Norwood	
20g. COUNTY (Wright)		20h. STATE Missouri	
21. I attended the deceased from November 20th to 2:00 A and last saw her alive on 10-15-62 Death occurred at 2:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Louis M. Corner Wright		22b. ADDRESS Mtn. Grove, Mo.	
22c. DATE SIGNED 10-15-62		22d. LOCATION (City, town, or county) Mtn. Grove, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/14/62	23c. NAME OF CEMETERY OR CREMATORY Willow Springs Cemetery	
24. FUNERAL DIRECTOR Ewell G. Craig		25. DATE RECD. BY LOCAL REG. 10-15-1962	
26. ADDRESS Mtn. Grove, Mo.		26. REGISTRAR'S SIGNATURE Bernice L. Scherman	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1/146

2/146

3

4 1

5 0

6

7 0

8 2

9 9/160

10 16

11 114

12 90-3

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Not Embalmed
Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.